

IFW

PTO/SB/21 (09-04)

**TRANSMITTAL
FORM**

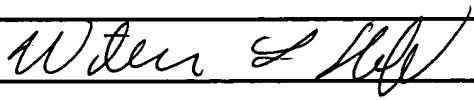
(to be used for all correspondence after initial filing)

		Application Number	10/709,843
		Filing Date	June 1, 2004
		First Named Inventor	Graham Balsdon
		Art Unit	2825
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	2	Attorney Docket Number	021648-000500US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC			
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences			
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information			
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter			
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):			
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Request For Withdrawal As Attorney Or Agent And Change Of Correspondence Address; Return Postcard			
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund				
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____				
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD				
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53					
<table border="1"> <tr> <td>Remarks</td> <td colspan="2">The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.	
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	William L. Shaffer		
Date	4/21/05	Reg. No.	37,234

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature		
Typed or printed name	Anna C. Kundel	Date 4/21/05

APR 25 2005

PTO/SB/83 (09-04)

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/709,843
Filing Date	June 1, 2004
First Named Inventor	Graham Balsdon
Art Unit	2825
Examiner Name	Not Yet Assigned
Attorney Docket Number	021648-000500US

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record
 all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 all the attorneys/agents associated with Customer Number 20350

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

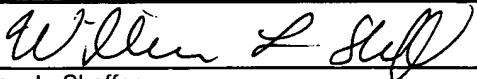
The reasons for this request are: Client requests transfer of matter to firm listed below.

CORRESPONDENCE ADDRESS

1. The correspondence address is NOT affected by this withdrawal.
2. Change the correspondence address and direct all future correspondence to:

The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Melvin Chan				
Address	Aka Chan LLP 900 Lafayette Street, Suite 710				
City	Santa Clara	State	CA	Zip	95050
Country	USA				
Telephone	(408) 701-0035		Fax	(408) 608-1599	
Signature					
Name	William L. Shaffer			Registration No.	37,234
Date	4/21/05			Telephone No.	(650) 326-2400

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.